

Foster Family Home - Deficiency Report

Provider ID: 1-180073

Home Name: Medy Madrid Ranga, NA

Review ID: 1-180073-7

86-365 Kawaii Street

Reviewer: Jackie Chamberlain

Waianae

HI

96792

Begin Date: 8/12/2021

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 2 bed re-certification.

Deficiency Report issued during CCFFH visit with corrective action plan due to CTA within 30 days of inspection.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5) No proof of provide training G 2,4 and 5 and on their confidentiality policies and procedures and client privacy rights.

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

Comment:

41.b.4 No undated PCG disclosure form is present

Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist;

54.(c)(7) Expenditure records; and

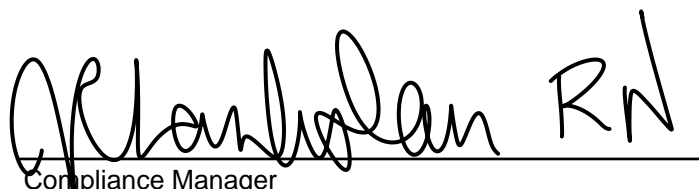
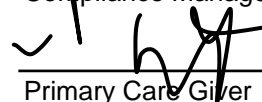
54.(c)(8) Personal inventory.


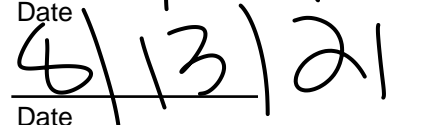
Comment:

54.(c5) Medication discrepancy for client # 2 medication prescription label did not match medication administration record and / or the signed MD orders.

54.(c)(8) Client # 2 Personal inventory sheet is blank and not signed

54.(c)(7) No proof of Expenditure records for client # 2


Compliance Manager

Primary Care Giver


Date

Date